

AR1000ANR

STATE OF ARKANSAS

Amended Individual Income Tax Return

• 2001

NONRESIDENTS AND PART - YEAR RESIDENTS AMENDING TAX YEAR 2001

OR FISCAL YEAR ENDING _____ 20 ____ •

FOR OFFICE USE ONLY	File Date •	Amount Paid •	Your Social Security Number •			
First Name(s) and Initial(s) <i>(List both if applicable)</i> •		Last Name •	Spouse's Social Security Number •			
Present Address <i>(Number and Street, Apartment Number or Rural Route)</i> •			Preparer's Identification Number •			
City, Town or Post Office, State and Zip Code •		Telephone Numbers Home: _____ Work: _____				
Nonresidents - List State of residence		Part-Year Residents - List period of residency in Arkansas during year From _____ To _____				
CHECK ONLY ONE BOX: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 1. <input type="checkbox"/> SINGLE <i>(Or widowed before 2001 or divorced at end of 2001)</i> 2. <input type="checkbox"/> MARRIED FILING JOINT <i>(Even if only one had income)</i> 3. <input type="checkbox"/> HEAD OF HOUSEHOLD <i>(See Instructions)</i> If the qualifying person is your child but not your dependent, enter this child's name here: _____ </div> <div style="width: 48%;"> 4. <input type="checkbox"/> MARRIED FILING SEPARATELY ON THE SAME RETURN 5. <input type="checkbox"/> MARRIED FILING SEPARATELY ON DIFFERENT RETURNS Enter spouse's name here and SSN above _____ 6. <input type="checkbox"/> QUALIFYING WIDOW(ER) with dependent child. Year spouse died: <i>(See Instructions)</i> _____ </div> </div>						
7A. <input type="checkbox"/> YOURSELF <input type="checkbox"/> 65 or OVER <input type="checkbox"/> 65 SPECIAL <input type="checkbox"/> BLIND <input type="checkbox"/> DEAF <input type="checkbox"/> HEAD OF HOUSEHOLD/ QUALIFYING WIDOW(ER) <input type="checkbox"/> SPOUSE <input type="checkbox"/> 65 or OVER <input type="checkbox"/> 65 SPECIAL <input type="checkbox"/> BLIND <input type="checkbox"/> DEAF						
7B. First name(s) of dependents: <i>(Do not list yourself or spouse)</i>		Multiply number of boxes checked from Line 7A ... <input type="checkbox"/> X \$20 = _____ 00 Multiply number of dependents from Line 7B <input type="checkbox"/> X \$20 = _____ 00				
7C. First name of developmentally disabled individual(s): <i>(See Instr.)</i>		Multiply number of developmentally disabled individuals from Line 7C <input type="checkbox"/> X \$500 = _____ 00				
7D. TOTAL PERSONAL CREDITS: <i>(Add Lines 7A, 7B and 7C. Enter total here and on Line 18)</i>		7D _____ 00				
Has your tax return been adjusted by the IRS? If yes, attach reports. <input type="checkbox"/> Yes <input type="checkbox"/> No						
INCOME	PART 1: ORIGINAL			PART 2: AMENDED		
	A. Your Total Income From All Sources	B. Spouse's Total Income From All Sources	C. Arkansas Income Only	A. Your Total Income From All Sources	B. Spouse's Total Income From All Sources	C. Arkansas Income Only
	8. Total Income: 8	_____ 00	_____ 00	8 _____ 00	_____ 00	_____ 00
	9. Adjustments to Income: 9	_____ 00	_____ 00	9 _____ 00	_____ 00	_____ 00
	10. Adjusted Gross Income: 10	_____ 00	_____ 00	10 _____ 00	_____ 00	_____ 00
	11. Itemized/Standard Deductions: 11	_____ 00	_____ 00	11 _____ 00	_____ 00	_____ 00
12. Net Taxable Income: 12	_____ 00	_____ 00	12 _____ 00	_____ 00	_____ 00	
TAX COMPUTATION			A. YOURS B. SPOUSE'S			
13. Select tax table: (Enter tax from table). 13			_____ 00 _____ 00			
<input type="checkbox"/> LOW INCOME <input type="checkbox"/> REGULAR Table 1 Table 2						
14. Tax: (Enter total from Lines 13A and 13B). 14			_____ 00			
15. Enter tax from ten (10) year averaging schedule: <i>(Attach AR1000TD)</i> 15			_____ 00			
16. IRA and qualified plan withdrawal and overpayment penalties: <i>(Attach Fed. Form 5329 if required)</i> 16			_____ 00			
17. Total Tax: <i>(Add Lines 14 through 16. Enter here)</i> 17			_____ 00			
TAX CREDITS						
18. Personal Tax Credit(s): <i>(Enter total from Line 7D)</i> 18			_____ 00			
19. Working Taxpayer Credit: <i>(See Instructions. Attach AR1328)</i> 19			_____ 00			
20. State Political Contributions Credit: <i>(Attach Schedule)</i> 20			_____ 00			
21. Other State Tax Credit(s): <i>{Attach copy of other State return(s)}</i> 21			_____ 00			
22. Child Care Credit(s): <i>(Attach Fed. Form 2441 or 1040A, Sch. 2, 20% of Federal credit allowed)</i> 22			_____ 00			
23. Credit for Adoption Expenses: <i>(Attach Federal Form 8839, 20% of Federal credit allowed)</i> 23			_____ 00			
24. Phenylketonuria Disorder Credit: <i>(See Instructions, Attach AR1113)</i> 24			_____ 00			
25. Business and Incentive Tax Credits: <i>(Attach Schedule and certificate)</i> 25			_____ 00			
26. TOTAL CREDITS: <i>(Add Lines 18 through 25)</i> 26			_____ 00			
27. NET TAX: <i>(Subtract Line 26 from Line 17. Enter here)</i> 27			_____ 00			

28. NET TAX: (From Line 27)		28		00
28A. Enter the amount from Line 10, Part 2, Column C:		28A		00
28B. Enter the total amount from Line 10, Part 2, Columns A and B:		28B		00
28C. Divide Line 28A by 28B. Enter the percentage:		28C		%
28D. APPORTIONED TAX LIABILITY: (Multiply Line 28 by Line 28C)		28D		00
PAYMENTS				
29. Arkansas Income Tax withheld:		29		00
30. Estimated tax paid or credit brought forward from last year:		30		00
31. Early childhood program: Certification No.: _____ (Attach Federal Form 2441 or 1040A, Sch. 2 and Certification Form AR1000EC; 20% of Federal credit allowed)		31		00
32. Amount Paid with Return:		32		00
33. Amount Paid after Return was filed:		33		00
34. TOTAL PAID: (Add Lines 29 through 33. Enter here)		34		00
35. Enter prior Overpayment/Refund/Estimate carried forward:		35		00
36. TOTAL PAYMENTS: (Subtract Line 35 from Line 34. Enter here)		36		00
REFUND OR TAX DUE				
37. AMOUNT TO BE REFUNDED TO YOU: (If Line 36 is greater than Line 28D, enter the difference here)		37		00
38. AMOUNT DUE: (If Line 28D is greater than Line 36, enter the difference here).		38		00
PLEASE SIGN HERE				
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Your Signature		Occupation	Date	
Spouse's Signature		Occupation	Date	
Paid Preparer's Signature		ID Number/SSN	Date	
Firm Name (Or yours, if self employed)		Telephone	May the Arkansas Revenue Agency discuss this return with the preparer shown to the left? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		City, State, Zip		Mail to: Amended Tax Group P. O. Box 3628 Little Rock, AR 72203
Explanation of Changes to Income, Deductions, and Credits: (Required)				